



**Texas Department of Insurance, Division of Workers' Compensation**  
Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address:  VISTA HOSPITAL OF DALLAS 4301 VISTA ROAD PASADENA TX 77504	MFDR Tracking #:	M4-09-B359-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #:  LIBERTY INSURANCE CORP, REP. BOX #: 28	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary: "...With Regard to the charges at issue in this dispute, there is no evidence presented by the Carrier that the prices billed were not Provider's usual and customary charges (which the Provider must bill under Division rules) or that the final price was not fair and reasonable. Therefore, the Carrier is required to reimburse Vista Hospital of Dallas \$887.14 pursuant to the Outpatient Fee Guideline, which will result in a fair and reasonable reimbursement for the services provided to the injured worker..."

Principle Documentation:

1. DWC 60 package
2. Hospital or Medical Bill
3. EOBs
4. Medical Reports
5. Total Amount Sought \$773.47

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "...The provider billed with a CPT not payable under the OPPS payment system. CPT 27096 is a status indicator B code. This means that this code is not payable under the OPPS methodology and should be changed to a more appropriate code..."

Principle Documentation:

1. DWC 60 package

**PART IV: SUMMARY OF FINDINGS**

Date(s) of Service	Services in Dispute	Calculation	Amount in Dispute	Amount Due
08/12/2008	HCPCS Codes J3490 and, A4649; CPT Codes Q9966, Q0092, 27096, 99144 and 99234	N/A	\$773.47	\$0.00
Total Due:				\$0.00

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule §134.403, titled **Hospital Facility Fee Guideline – Outpatient**, effective for medical services provided in an outpatient acute care hospital on or after March 1, 2008, set out the reimbursement guidelines for Hospital outpatient services.

This dispute was filed in the form and manner as prescribed by 28 TAC §133.307 and is eligible for Medical Dispute Resolution under 28 TAC §133.305 (a)(4).

1. The services listed in Part IV of this decision were denied or reduced by the Respondent with the following reason codes:  
Explanation of benefits with the listed date of audit 09/29/2008:
  - 42, U634 – Procedure code not separately payable under Medicare and or Fee Schedule Guidelines;
  - 150, Z652 – Recommendation of payment has been based on a procedure code which best describes services rendered; and
  - 16, B207 – This is an unlisted procedure. Please resubmit with a more descriptive code.The Requestor submitted the initial explanation of benefits only.
2. Rule 134.403 (e) states in pertinent part, "Regardless of billed amount, reimbursement shall be:
  - (1) the amount for the service that is included in a specific fee schedule set in a contract that complies with the requirements of Labor Code 413.011; or
  - (2) if no contracted fee schedule exists that complies with Labor Code 413.011, the maximum allowable reimbursement (MAR) amount under subsection (f), including any applicable outlier payment amounts and reimbursement for implantables;"
3. Pursuant to Rule §134.403(f), "The reimbursement calculation used for establishing the MAR shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the *Federal Register*. The following minimal modifications shall be applied.
  - (1) The sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by:
    - (A) 200 percent; unless
    - (B) a facility or surgical implant provider requests separate reimbursement in accordance with subsection (g) of this section, in which case the facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 130 percent.
4. Under the Medicare Outpatient Prospective Payment System (OPPS), all services paid under OPPS are classified into groups called Ambulatory Payment Classifications or APCs. Services in each APC are similar clinically and in terms of the resources they require. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC for an encounter. Within each APC, payment for ancillary and supportive items and services is packaged into payment for the primary independent service. Separate payments are not made for a packaged service, which is considered an integral part of another service that is paid under OPPS. An OPPS payment status indicator is assigned to every HCPCS code. Status codes are proposed and finalized by Medicare periodically. The status indicator for each HCPCS codes is shown in OPPS Addendum B which is publicly available through the Centers for Medicare and Medicaid services. A full list of status indicators and their definitions is published in Addendum D1 of the OPPS proposed and final rules each year which is also publicly available through the Centers for Medicare and Medicaid services.
5. Upon review of the documentation submitted by the Requestor and Respondent, the Division finds that:
  - (1) No contract exists;
  - (2) MAR can be established for these services; and
  - (3) Separate reimbursement for implantables was *NOT* requested by the requestor.
6. HCPCS Codes J3490 was billed under Revenue Code 250; A4649 was billed under Revenue Code 270 and A4649 was billed under Revenue Code 272. These HCPCS codes have a payment status of "N." Status "N" is used for services or procedures included in the APC rate, but not paid separately as these are packaged items. As a result, the amount ordered is \$0.00.
7. CPT Codes Q9966 and Q0092 were billed under Revenue Code 320. These CPT codes have a payment status code of D. Status D codes are considered deleted codes and not paid under Medicare. As a result, the amount ordered is \$0.00.
8. CPT Code 27096 was billed under Revenue Code 360. This CPT code has a payment status code of B. Status B codes are not recognized by OPPS on bill type 12X, 13X or 14X. An alternate CPT/HCPCS code may be available. As a result, the amount ordered is \$0.00.

9. CPT Code 99144 was billed under Revenue Code 370. This CPT code has a payment status code of N. Status N is used for services or procedures included in the APC rate, but not paid separately as these are packaged items. As a result, the amount ordered is \$0.00.
10. CPT Code 99234 was billed under Revenue Code 760. This CPT Code has a payment status code of B. Status B codes are not recognized by OPSS on bill type 12X, 13X or 14X. An alternate CPT/HCPCS Code may be available. As a result, the amount ordered is \$0.00

Based upon the documentation submitted by the parties and in accordance with Texas Labor Code Sec. 413.031 (c), the Division concludes that the requestor is or is not due additional payment. As a result, the amount ordered is \$0.00.

#### **PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Sec. 413.011(a-d), 413.031 and 413.0311  
28 TAC Rule §134.403  
28 TAC Rule §133.305  
28 TAC Rule §133.307

#### **PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Auditor III  
Medical Fee Dispute Resolution

April 26, 2010

\_\_\_\_\_  
Date

#### **PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**